

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number: Q85350																			
<b>FY 2009</b>		Confirmation Number: 9015																			
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)																					
Application Number		Filing Date																			
10/517,846		December 29, 2005																			
For		ROBOT FOR USE WITH ORTHOPAEDIC INSERTS																			
Art Unit		3775																			
Examiner Name		Nicholas W WOODALL																			
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.																					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%; text-align: center;"><u>Fee</u></th> <th style="width: 50%; text-align: center;"><u>Small Entity Fee</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130.00</td> <td style="text-align: center;">\$65.00</td> </tr> <tr> <td><input type="checkbox"/> Two month (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490.00</td> <td style="text-align: center;">\$245.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> <b>Three month (37 CFR 1.17(a)(3))</b></td> <td style="text-align: center;"><b>\$1110.00</b></td> <td style="text-align: center;"><b>\$555.00</b></td> </tr> <tr> <td><input type="checkbox"/> Four month (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730.00</td> <td style="text-align: center;">\$865.00</td> </tr> <tr> <td><input type="checkbox"/> Five month (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350.00</td> <td style="text-align: center;">\$1175.00</td> </tr> </tbody> </table>					<u>Fee</u>	<u>Small Entity Fee</u>	<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130.00	\$65.00	<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$490.00	\$245.00	<input checked="" type="checkbox"/> <b>Three month (37 CFR 1.17(a)(3))</b>	<b>\$1110.00</b>	<b>\$555.00</b>	<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1730.00	\$865.00	<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2350.00	\$1175.00
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<input type="checkbox"/> Previous Payment Amount		Date Submitted _____																			
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27																					
<input type="checkbox"/> A check in the amount of the fee is enclosed.																					
<input checked="" type="checkbox"/> Payment by credit card.																					
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.																					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, <b>except for the Issue Fee and the Publication Fee</b> , or credit any overpayment, to Deposit Account Number 19-4880.																					
I am the																					
<input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>43,355</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. <input type="checkbox"/> Registration number if acting under 37 CFR 1.34																					
<small>WASHINGTON OFFICE</small> <b>23373</b> <small>CUSTOMER NUMBER</small>																					
<u>/Chidambaram.S.Iyer/</u>		<u>December 23, 2010</u>																			
Signature		Date																			
<u>Chid S. Iyer</u>		<u>(202) 293-7060</u>																			
Typed or printed name		Telephone Number																			
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																					
<input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.																					